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7590

10/24/2005

JOSEPH S. TRIPOLI

THOMSON MULTIMEDIA-LICENSING INC.

2 INDEPENDENCE WAY

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01/18/2006 MGBREN2 00000095 070832 10043679

01 FC:1501 1400.00 DA 7300.18.00

02 FC:1501 1400.00 DA 7300.18.00

03 FC:0001 10.00 DA 7300.18.00

10/043,679

01/11/2002

FIRST NAMED INVENTOR

Kevin Paul McReynolds

ATTORNEY DOCKET NO.

PU010147

CONFIRMATION NO.

2531

TITLE OF INVENTION: MULTI-MODE BI-DIRECTIONAL COMMUNICATIONS DEVICE INCLUDING A DIPLEXER HAVING SWITCHABLE LOW PASS FILTERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	01/24/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
FILE, ERIN M	2634	375-219000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (SEE AMENDED ADDRESS ABOVE)

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JOSEPH J. LAKS

2 RONALD H. KURDYLA

3 GUY H. ERIKSEN

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

THOMSON LICENSING

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boulogne-Billancourt, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 6

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date January 18, 2006

Typed or printed name GUY H. ERIKSEN (609) 734-6807

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